



# TOWN OF MILLIS EMERGENCY CONTACT FORM

Please provide your information and 1 or 2 emergency contact(s).

EMPLOYEE NAME:	
DEPARTMENT:	
ADDRESS:	
PHONE 1:	
PHONE 2:	
EMAIL:	

EMERGENCY CONTACT 1	
NAME:	
RELATIONSHIP:	
PHONE 1:	
PHONE 2:	

EMERGENCY CONTACT 2	
NAME:	
RELATIONSHIP:	
PHONE 1:	
PHONE 2:	

**PLEASE INDICATE ANY MEDICAL CONDITIONS/ALLERGIES TO FOOD, INSECTS, OR MEDICATION:**

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**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_